

ACT State Testing Transfer Request Form

The purpose of this form is to transfer a student's ACT State Testing accommodations from one testing site to another. The form must be completed by both the test site the student is transferring from and the new test site. Submitting this form will authorize ACT to ship the test materials to the newly assigned test site.

Please print or type.

A. STUDENT INFORMATION

Student Name (Last, First, M.I.)

Date of Birth (Mo/Day/Yr)

Social Security Number (optional)

Student Street Address or P.O. Box

City

State

Zip Code

B. NEW SCHOOL INFORMATION

Test Accommodations Coordinator Name

-

ACT High School Code

Name of the High School Student Now Attends

City

State

Zip Code

I certify that the above named student has transferred to my school and that I am willing to administer the ACT State Test to the student with all of the accommodations approved at the student's former school.

Test Accommodation Coordinator's Signature

C. FORMER SCHOOL INFORMATION

Test Accommodations Coordinator Name

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ACT High School Code

Name of the High School Student Formerly Attended

City

State

Zip Code

I understand that the above named student has transferred out of my school and I am no longer responsible for administering the ACT State Test to the student. I understand that all test materials shipped to my school for this student are not to be used by any other student, and I will return them to ACT along with my other accommodations materials after the testing window.

Test Accommodation Coordinator's Signature

Return request forms no later than **April 1, 2009.**

Fax to State Testing Accommodations at 319/337-1285, or mail to
State Testing Accommodations, 301 ACT Drive, P.O. Box 4071, Iowa City, IA 52243-4071.